

PATENT

Attorney's Docket No. LIDAK-024A

COMBINED DECLARATION AND POWER OF ATTORNEY

*(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)*

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

- original
 design

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of last three items.

- national stage of PCT
 supplemental

*NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL,
CONTINUATION OR CIP.*

- divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

INFLAMMATORY DISEASE TREATMENT

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

- (a) is attached hereto.
(b) was filed on _____ as Serial No. _____
or Express Mail No., as Serial No. not yet known _____
and was amended on _____ (*if applicable*).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(Declaration and Power of Attorney [1-1]—page 1 of 4)

(c) was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

In compliance with this duty there is attached an information disclosure statement, 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) no such applications have been filed.

(e) such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

(Declaration and Power of Attorney [1-1]—page 2 of 4)

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Telecopier (714) 491-9079

Full name of second joint inventor, if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

**CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A
PART OF THIS DECLARATION**

- Signature for third and subsequent joint inventors. Number of pages added _____
- Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____
- Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____
- * * *
- Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
- Number of pages added _____

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

This declaration ends with this page

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Attorney's Docket No. LIDAK-024A

(Rev. 26-2/85 Pub. 03)

FORM 7-10

7-33

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

- In re application of*: David H. Katz, M.D.
Serial No.: Unknown Group No.:
Filed: Herewith Examiner:
For*: INFLAMMATORY DISEASE TREATMENT
 Patent No.: Issued:

*NOTE: Insert name(s) of inventor(s) and title also for patent. Where statement is with respect to a maintenance fee payment also insert application serial number and filing date and add Box M. Fee to address.

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(c-f) and 1.27(b-d))

With respect to the invention described in

- the specification filed herewith.
 application serial no. _____, filed _____
 patent no. _____, issued _____

I. IDENTIFICATION OF DECLARANT AND RIGHTS AS A SMALL ENTITY

I hereby declare that I am

(complete either (a), (b), (c) or (d) below):

(a) Independent Inventor

- a below named independent inventor and that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code to the Patent and Trademark Office.

(b) Non-Inventor Supporting a Claim By Another

- making this verified statement to support a claim by

for a small entity status for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code and I hereby declare that I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under 41(a) and (b) of Title 35, United States Code, if I had made the above identified invention.

(c) Small Business Concern

- the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN LIDAK BIOPHARMACEUTICALS

ADDRESS OF CONCERN 11077 North Torrey Pines Road

La Jolla, California 92037 and

that the above identified small business concern qualifies as a small business concern as

(Small Entity Verified Statement (37 CFR 1.9(c-f) and 1.27(b-d) [7-10]—page 1 of 4)

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defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of the Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

(d) Non-Profit Organization

- an official empowered to act on behalf of the nonprofit organization identified below: KODAK X ROPHARMACEUTICALS

NAME OF ORGANIZATION MEDICAL XX BIOCXXOXX XXXX XXXX XXXX

ADDRESS OF ORGANIZATION XXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX

TYPE OR ORGANIZATION

- UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c) (3))
- NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE XXXXXXXXXX)
(CITATION OF STATUTE XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX)
- WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c) (3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

and that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code.

II. OWNERSHIP OF INVENTION BY DECLARANT

I hereby declare that rights under contract or law remain with and/or have been conveyed to the above identified

- person concern organization
(item (a) or (b) above) (item (c) above) (item (d) above)

EXCEPT, that if the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if

(Small Entity Verified Statement (37 CFR 1.9(c-f) and 1.27(b-d) [7-10]—page 2 of 4)

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(Rev. 2-2/83 Pub. 605)

FORM 7-10

7-35

that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a non-profit organization under 37 CFR 1.9(e).

- no such person, concern, or organization
 person, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention availing to their status as small entities. (37 CFR 1.27).

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

IV. DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

V. SIGNATURES

(complete only (e) or (f) below)

(e)

NOTE: All inventors must sign the verified statement

Name of Inventor _____

Signature of Inventor _____ Date _____

Name of Inventor _____

Signature of Inventor _____ Date _____

Name of Inventor _____

Signature of Inventor _____ Date _____

or

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(f)

NOTE: The title of the person signing on behalf of a concern or non-profit organization should be specified.

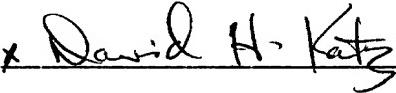
NAME OF PERSON SIGNING David H. Katz, M.D.

TITLE OF PERSON President /Chief Executive Officer

(if signing on behalf of a concern or non-profit organization)

ADDRESS OF PERSON SIGNING 11077 North Torrey Pines Road
La Jolla, California 92037

SIGNATURE



DATE X April 27, 1989

(Small Entity Verified Statement (37 CFR 1.9(c-f) and 1.27(b-d) [7-10]—page 4 of 4)

POWER OF ATTORNEY BY INVENTOR(S)
UNITED STATES AND ALL COUNTRIES

IN RE PATENT APPLICATION

S.N. Unknown

FILED: Herewith

BY: David H. Katz, M.D.

FOR: INFLAMMATORY DISEASE TREATMENT

AND ALL EQUIVALENT AND CORRESPONDING PATENT APPLICATIONS

As inventor(s) of the inventions disclosed and claimed in the above identified patent application, I/we hereby appoint Grant L. Hubbard, Registration No. 24,193 to transact all matters respecting the above identified patent application and equivalent or corresponding applications for patent, pending or to be filed, in the United States and in any country and in all countries throughout the world, authorizing officials of the United States and of any other country to accept applications, amendments, fees, and documents and acts of all kinds from said attorney(s) respecting this patent application and equivalent or corresponding applications, such authority including but not limited to: filing and/or causing to be filed applications for patent, including continuing, divisional, reissue and other such applications, and prosecuting the same before competent officials of any and all countries throughout the world, appointing attorney(s) in any country, attending to all matters related to the prosecution, issuance, and maintenance of such patent applications, including the payment of fees, conducting interference, opposition and other proceedings involving any such applications or patents resulting therefrom, and the paying of fees and the taking of any action respecting such applications or patents resulting therefrom in any country throughout the world, and I/we further authorize officials of any and all countries to communicate with said attorney(s) and to transmit all communications and documents, including Letters Patent, related to or resulting from such applications to the above named attorney(s) or attorney(s) or agent(s) appointed in such country by the above named attorney(s). The Honorable Commissioner of Patents and Trademarks for the United States of America is requested to send all communications to: Grant L. Hubbard Telephone (714) 491-9076
GRANT L. HUBBARD, P.C., 300 So. Harbor Blvd, Suite 805
Anaheim, CA 92805

Date April 27, 1989 Inventor David H. Katz
David H. Katz, M.D.

Date _____ Inventor _____

Date _____ Inventor _____

**POWER OF ATTORNEY BY ASSIGNEE
UNITED STATES AND ALL COUNTRIES**

IN RE PATENT APPLICATION

S.N. Unknown

FILED: Herewith

BY: David H. Katz

FOR: INFLAMMATORY DISEASE TREATMENT

AND ALL EQUIVALENT AND CORRESPONDING PATENT APPLICATIONS
As assignee of the entire right, title and interest in
and to the above identified Patent Application, and the
inventions disclosed and claimed therein, we hereby appoint
Grant L. Hubbard, Registration No. 24,193 and _____
Registration No. _____

to transact all matters respecting the above identified patent application and equivalent or corresponding applications for patent, pending or to be filed, in the United States and in any country and in all countries throughout the world, authorizing officials of the United States and of any other country to accept applications, amendments, fees, and documents and acts of all kinds from said attorney(s) respecting this patent application and equivalent or corresponding applications, such authority including but not limited to: filing and/or causing to be filed applications for patent, including continuing, divisional, reissue and other such applications, and prosecuting the same before competent officials of any and all countries throughout the world, appointing attorney(s) in any country, attending to all matters related to the prosecution, issuance, and maintenance of such patent applications, including the payment of fees, conducting interference, opposition and other proceedings involving any such applications or patents resulting therefrom, and the paying of fees and the taking of any action respecting such applications or patents resulting therefrom in any country throughout the world, and we further authorize officials of any and all countries to communicate with said attorney(s) and to transmit all communications and documents, including Letters Patent, related to or resulting from such applications to the above named attorney(s) or attorney(s) or agent(s) appointed in such country by the above named attorney(s). The Honorable Commissioner of Patents and Trademarks for the United States of America is requested to send all communications to: Grant L. Hubbard Telephone (714) 491-9076
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Anaheim, CA 92805

LIDAK BIOPHARMACEUTICALS
~~XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX~~ By David H. Katz
(Assignee's Name) David H. Katz, P.D.

Date X April 27, 1989 Title President/Chief Executive Officer

**POWER OF ATTORNEY
UNITED STATES AND ALL COUNTRIES**

As a named inventor(s), I/we hereby appoint Grant L. Hubbard, Registration No. 3124,193 and _____, Registration No. _____

transact all matters respecting the above identified patent application and equivalent or corresponding applications for patent, pending or to be filed, in the United States and in any country and in all countries throughout the world, authorizing officials of the United States and of any other country to accept applications, amendments, fees, and documents and acts of all kinds from said attorney(s) respecting this patent application and equivalent or corresponding applications, such authority including but not limited to: filing and/or causing to be filed applications for patent, including continuing, divisional, reissue and other such applications, and prosecuting the same before competent officials of any and all countries throughout the world, appointing attorney(s) in any country, attending to all matters related to the prosecution, issuance, and maintenance of such patent applications, including the payment of fees, conducting interference, opposition and other proceedings involving any such applications or patents resulting therefrom, and the paying of fees and the taking of any action respecting such applications or patents resulting therefrom in any country throughout the world, and I/we further authorize officials of any and all countries to communicate with said attorney(s) and to transmit all communications and documents, including Letters Patent, related to or resulting from such applications to the above named attorney(s) or attorney(s) or agent(s) appointed in such country by the above named attorney(s). The Honorable Commissioner of Patents and Trademarks for the United States of America is requested to send all communications to:

Grant L. Hubbard
GRANT L. HUBBARD, P.C.
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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor David H. Katz, M.D.

Inventor's signature X David H. Katz

Date April 27, 1989 Country of Citizenship U.S.A.

Residence La Jolla, California

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La Jolla, CA 92037